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CONFIRMATION NO. 3837

|                             |                                       |              |                        |                                 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/766,581 | FILING DATE<br>01/27/2004<br><br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3739 | ATTORNEY<br>DOCKET NO.<br>17406 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

APPLICANTS

Akio Uchiyama, Yokohama-shi, JAPAN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 JAPAN 2003-152956 05/29/2003 MK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/18/2004

|   |  |                              |                         |                       |                            |
|---|--|------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>12 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>5 |
|---|--|------------------------------|-------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: MK

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TITLE  
 Capsule medical device

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1164 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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